

WCC Equality Impact Assessment (EqIA)

EqIAs evidence that you have considered the impact or potential impact on groups in our community who share protected characteristics. These are characteristics that are protected against discrimination by the Equality Act 2010. We are required by law under the Public Sector Equality duty (PSED) which is contained in Section 149 of the Equality Act and requires public authorities to have due regard to several equality considerations when exercising their functions.

Completing an EQIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EQIAs should be carried out at the earliest stages of policy or project development or a service review, and then updated as the policy or review develops. EQIAs must be undertaken when it is possible for the findings to inform the final decision.

When do I need to complete an EqIA? You need to complete an EqIA when:

- Planning or developing new services including business services, policies, strategies, practices and plans
- Reviewing, amending or substantially changing existing services, policies, strategies, practices and plans
- Considering a change management process or organisational review, particularly those that could involve relocating staff or rationalisation of posts
- Reviewing or introducing forms, leaflets, guidance, codes of practice such as changes to how residents access services
- When considering and developing a tender document for procurement of services

Who should complete an EqIA?

The person completing the EqIA should have detailed knowledge of the proposal or project. They should be able to identify the impact on those with protected characteristics be they residents, workforce, visitors or others. They should also have knowledge or access to any consultations and where relevant, have knowledge of the area of the Borough that is impacted. The ownership and responsibility for an EqIA lies at Head of Service level and above, however, managers and staff play a key role in the assessment process as they will be involved in implementing the necessary actions identified and integrating equalities into planning. As a rule, any work that needs a decision e.g. Lead Member decision or Leadership Team should be signed off by the Executive Director. Anything that is not going through a formal decision-making process can be signed off by Head of service.

At what point do I need to complete an EqIA?

You need to complete an EqIA at the very beginning when considering your proposal and therefore before a decision is taken.

Please note an EqIA is a live document which means it must be regularly reviewed and updated considering new evidence or information.

It is important to consider equalities issues at every stage of the process. You may not have all the data you need at the beginning, or you may not have finalised what your project will look like. However, an EqIA is there to help guide your thinking on how your work might affect different groups in our community and support your planning and consultation work.

Where can I get support to complete an EqIA?

There are resources available on the SharePoint site, including example EqIAs. You can also get support from the EqIA Champion in your Team/Directorate, see the SharePoint site for details. You can email any queries to the EqIA inbox equalities@westminster.gov.uk . Finally further support is available for strategic and crosscutting EqIAs from Andre Johnsen – Community Equalities Manager (ajohnsen@westminster.gov.uk). If your EqIA focuses on workforce changes or development, then contact Jennifer Samuels (jsamuels2@westminster.gov.uk).

SECTION 1: Programme details

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| <p>Name of the policy, project, service, or strategy being assessed, and a brief overview of its aims and objectives</p> | <p>The Kensington and Chelsea and Westminster (KCW) School Health Service provides specialist nursing care, advice and support to school-age children and their families with a focus on:</p> <ul style="list-style-type: none"> • Staying healthy • Emotional and mental health • Weight management • Sexual health • Drugs and alcohol-related problems • Stopping smoking. <p>The aims of the Service are to:</p> <ul style="list-style-type: none"> • Provide an integrated School Health Service linked to children’s centres, general practice and Education Settings by having locality teams and nominated leads known to the stakeholders, including a named school nurse for every Education Setting; • Deliver the universal Healthy Child Programme through assessment of need by appropriately qualified staff, health promotion advice, screening and surveillance, engagement in health education programmes, involvement in key public health priority interventions for adults and communities, interventions as specified within the Healthy Child Programme; • Deliver Public Health interventions support to school-aged children and young people and to keep children safe; • Work with school leaders and school improvement services to identify population health needs; • Undertake joint visits with other professionals in response to contact from families, where appropriate; • Ensure there is a clear protocol of addressing the health needs of priority groups where the service will be maintained and preventing inconsistency; • Ensure and be able to evidence that the experience and involvement of families, carers and children will be taken into account to inform service delivery and improvement; |
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- Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect;
- Build on resilience, strengths and protective factors to improve autonomy and self- efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the family to support the outcomes for children;
- Build personal and family responsibility, laying the foundation for an independent life;
- Demonstrate the impact of the service provided through improved outcomes and service user feedback.
- Build relationships and partnerships with GPs, Health visitors, social care workers, acute and mental health trusts, sport and physical activity providers and other relevant local stakeholder to facilitate access to and broaden opportunities for health improvement.
- Connect with other relevant statutory partners such as Public Health England to broaden expertise and keep up to date on health protection and prevention.
- Keep up to date with other service provision and delivery within the three Boroughs in order to be able to effectively signpost and work with relevant services and organisations.

The new service will:

- The School Health Service leads and co-ordinates delivery of public health for children aged 5-19 and has a crucial part to play in partnership with Health Visiting and other services for under 5s to ensure a holistic child health offer. The School Health Service takes the lead in delivering the Healthy Child Programme (0-19), which is a universal programme available to all children which aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery It aims to:
 - help parents' carers or guardians develop and sustain strong bonds with children.
 - support parents carers or guardians in keeping children healthy and safe and reaching their full potential
 - protect children from serious disease, for example through screening such as the National Child Measurement Programme, a mandated requirement
 - reduce childhood obesity by promoting healthy eating and physical activity
 - promote oral health
 - support resilience and positive maternal and family mental health and emotional wellbeing
 - support the development of healthy relationships and good sexual and reproductive health

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| | <ul style="list-style-type: none"> • identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner • make sure children are prepared for and supported in all childcare early years and education settings |
| Name of person completing this EqIA | Mary Russell, Market Teams Manager Colin Brodie, Public Health Knowledge Manager |
| Name of Director | Gareth Wall, Director of Integrated Commissioning |
| Team | Integrated Commissioning |
| Directorate | Adult Social Care and Health |
| Contact Email | mrussell@westminster.gov.uk |
| Where is this EqIA stored. (This is to ensure colleagues can pick this up in your absence.) | |
| Is this EqIA accompanying a report that is going through a formal decision process? If so which meeting, is it going to for decision? | Yes. Accompanying Key Decision Report for Contract Award to Lead Members for Adult Social Care and Public Health |

SECTION 2: EqIA Screening – Do you need to complete a full EqIA?

Please complete the checklist below, including impact to help determine if a full EqIA is necessary.

Please see table in Section 3 for a breakdown of the protected characteristics

| Question | Answer (Yes, No, Unclear) | Impact (Positive, Negative or Neutral) |
|--|------------------------------|---|
| Does your programme have the potential to disproportionately affect men, women or those who identify as non-binary? | No | Positive |
| Does your programme have the potential to disproportionately affect people of a particular race or ethnicity? This includes refugees, asylum seekers, migrants and gypsies and travellers. | No | Neutral |
| Does your programme have the potential to disproportionately affect people with a disability? | Yes | Positive |

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| Consider physical and learning disabilities and mental health conditions. | | |
| Does your programme have the potential to disproportionately affect people of certain sexual orientations? | No | Positive |
| Does your programme have the potential to disproportionately affect people of different age groups? Consider children and elderly populations. | Yes | Positive |
| Does your programme have the potential to disproportionately affect those undergoing or intending to undergo the process of gender reassignment? | No | Neutral |
| Does your programme have the potential to disproportionately affect those due to pregnancy or maternity? The Equality Act protects women or birthing people from discrimination from when you become pregnant until your right to maternity leave ends and you return to work. If you do not have the right to maternity leave this is 2 weeks after the child is born. | No | Positive |
| Does your programme have the potential to disproportionately affect those who are married or in a civil partnership? | No | Neutral |
| Does your programme have the potential to disproportionately affect people of different faiths and beliefs? | No | Neutral |
| Does your programme have the potential to disproportionately affect people on low incomes or living in poverty? | No | Positive |

If you have assessed the impact to any of the above questions to be Negative or Unclear, then you will need to complete Sections 3, 4.

If you have assessed the impact as Positive, explain the rational for this below and then go to Section 5.

Please use this space to outline service user data showing who is impacted by this decision, any consultation that has been conducted with these groups and how they will be positively impacted.

Children and Young People in Westminster

There are 26,700 children under 16 living in our borough (of which 8,500 aged under 5), with 60% from a global majority background. In contrast to the older population, the younger population is expected to decrease over the next 20 years.

In Westminster:

- Nearly 1 in 4 children are living in poverty and 7,800 children are eligible for free school meals.
- There are 170 looked after children.
- Almost 1 in 2 children are overweight by the time they leave primary school.
- Over 1 in 6 are affected by mental health problems.
- Almost 1 in 4 children have not received 2 doses of MMR.
- 2 in 5 five-year-olds have decayed teeth.

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood. Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

School Health Service and School Age Children in Westminster

The School Health (School Nursing) Service takes a lead in the coordination and delivery of core universal and mandated elements of the Healthy Child Programme (5-19) and provides clinical expertise within school settings across Kensington and Chelsea, and Westminster.

The service supports children and young people in state funded schools including special schools for children with autism and complex learning difficulties within the moderate range. School Nursing Services for children with significant or multiple learning difficulties or complex needs is provided by the Children's Community Nursing Team.

For many pupils the service provides a safe space to talk with a trusted adult about their health and wellbeing. The service works with partners such as Health Visitors to ensure that under 5s are supported in their transition to Early Years settings and schools.

The recent JSNA undertaken to support the re-procurement of the School Health Service highlighted the following key facts for children and young people in Westminster:

- There are an estimated 31,809 children and young people aged 5 to 19 years.
- Around 13,219 children and young people attend state-maintained nursery, primary and secondary schools.
- 24% of children under the age of 16 live in low-income families.
- 23.8% of children in local schools take up free school meals.
- 71% of children in local schools have reached a good level of development at the end of their Reception Year.
- 2.9% of children at local schools have an EHC plan, below the London and England average.
- 12.2% of children in Westminster schools have SEN support.
- 65.9% of 5-year-olds have received two doses of the MMR vaccination.

Consultation

- Commissioners have engaged with a number of stakeholders to inform the new service specification.
- Commissioners have attended both primary and secondary Head Teachers meetings in both of the boroughs.
- There has been consistent feedback from schools about how the School Nurses and the service and support they provide is highly valued. Their worth was noted in their flexible approach, particularly in supporting the wider school health communities' emerging needs during recovery from the Covid-19 pandemic (for example in accessing wider services and in emotional and mental wellbeing promotion).

Positive impacts on protected characteristics

Sex

The incorporation of a consistent sex and relationships education service in the School Health Service give children and young people an additional opportunity to discuss equality in relationships. All staff relay the importance of promoting gender equality.

Disability

The School Health Service plays a crucial role in the identification of special educational needs and disabilities (SEND) and supporting children with SEND in schools.

The provision is delivered on school premises. This ensures facilities made available to the School Health Service staff to deliver their service are accessible for children, young people and their parents/carers.

Young people with learning disabilities in both boroughs receive a relationships and sex education programme tailored to their needs.

Sexual orientation

The service delivers the relationships and sex education programme to young people and as part of their key competences the staff understand what is appropriate communication with young people regarding sex and relationships (what is age appropriate, needs-led communication, boundaries, issues of personal disclosure and non-judgmental discussion of same sex relationships)

Age

The School Health Service deliver a diverse range of activities to promote the health and wellbeing of the school aged (5-19) population in state funded Schools and their families. The service offers,

- **Universal Screening:**
This is completed for Reception Year including height, weight, hearing and vision and review of parental health questionnaire. In addition, in Reception Year and Year 6, the National Childhood Measurement Programme is also undertaken.
- **Management of Health Conditions:**
The service supports schools in their duty to safely manage pupils with long-term health conditions in the school setting and to contribute to improvement in their school attendance. This includes staff training and education for conditions such as asthma, diabetes, epilepsy and anaphylaxis as well as the completion of plans for the safe management of young people whose conditions may deteriorate while in school. School nurses also contribute to Education Health and Care Plans (EHCPs) for children with health needs resulting in special educational needs.
- **Safeguarding:**
This includes early identification of individual or family problems through the universal programme and school drop-ins, with the provision of early help to young people & families including signposting or referral to other services. Also contributing to safeguarding children and young people who are vulnerable and subject to child protection plans by taking part in the statutory processes such as attendance and active contribution to case conferences to ensure their safety and wellbeing.
- **Promoting good mental health & emotional wellbeing:**
Group health promotion sessions to schools in the areas of stress management, healthy relationships, mental health awareness training, self-harm awareness training, Mental Health First Aid and transitional issues are offered to schools. School Nurse drop ins and bookable slots are also offered in each school. The new service will have additional specialist Emotional Health and Wellbeing Lead Nurses and will continue to link in closely with existing mental and emotional health and wellbeing networks.
- **Relationships and Sex Education (RSE):**

There is an RSE offer to schools which is supported by specialist staff in the team. The aim is to improve and support the school and young people's knowledge about relationships and sex education, thereby contributing to a reduction in teenage conceptions and the incidence of sexually transmitted infections (STI's). Practitioners also signpost to appropriate local services for more specialist advice where required.

- Immunisations

The national immunisation programme for school-aged children is commissioned separately by NHS England. The contract for this service in RBKC and WCC is held by CNWL. There is good liaison across teams so children identified as requiring immunisations can swiftly be identified and referred.

- Liaison and communication with schools and partners:

Each school has a named school nurse who meets with representatives of the school senior leadership team to agree a bespoke programme of health support to be run in the school during the academic year. This includes the school named nurses role in coordination and liaison with a variety of other health related providers such as the Healthy Schools Partnership to maximise impact and avoid unnecessary duplication in services.

Pregnancy and maternity

Through both the relationships and sex education programme offer and the one to one sessions available for young people, the service identifies young people at increased risk of pregnancy and provides them with advice/support or refer them on to other specialist support.

People on low incomes or living in poverty.

Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment. These wider determinants of health are linked to health inequalities – fundamental to the public health practice is the reduction of health inequalities and the promotion of health and wellbeing. Qualified School Nurses, as Specialist Community Public Health Nurses (SCPHN) are trained in public health practice and work to promote health and wellbeing and reduce health inequalities in the school population.

SECTION 3: Assessing the Impact

Please use this section to assess the impact of the programme on those with protected characteristics. Please answer the following questions in your assessment for each characteristic.

- 1. How many people currently use the service? Or who and how many people will be affected by the policy or strategy?** We have provided data from the latest census on the population of RBKC for each protected characteristic. Additional Census data can also be accessed from the RBKC Census Dashboard. Please add data about your service users/populations in the relevant boxes.
- 2. What consultation have you completed to gather feedback from service users? Or what other relevant data have you gathered to support your work?** Include the findings in each relevant group. For more information on consultation please refer to the [12 principles of good governance and consultation in the Constitution](#). You can also speak with the Consultations Team for further advice.

3. **How will you ensure that the policy, project, service, or strategy will be accessible to all groups? and how will you address or break down any barriers to achieving this.** Explain if your proposal takes steps to meet the needs of people from protected groups, where these are different from the needs of other people; and encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low?
4. **How is this group impacted and determine whether the proposed activity will have a positive, neutral or negative impact.**
5. **If the impact is negative, what mitigations will you put in place to reduce the impact?**
6. **If the impact is positive, what actions have you taken to achieve a positive impact?**

| Protected characteristic | Analysis | Impact (Positive, Negative or Neutral) | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------|----|-------|----|---------|----|---------------|-------|---------------|-------|---------------|-------|-----------|-----|----------|
| Age | <p>2021 census: 75% of Westminster is working age (+6 over the London average). Our last census data saw a change in under 5 year olds by -30% but an increase in 11 – 16 year olds by and 20 – 24 year olds by 5% and 11% respectively. Relative to the rest of London, Westminster has 6% more young people (16 – 34 years).</p> <p>The age breakdown of our population is:</p> <table border="1" data-bbox="320 947 756 1267"> <thead> <tr> <th data-bbox="320 947 624 987">Westminster</th> <th data-bbox="624 947 756 987"></th> </tr> </thead> <tbody> <tr> <td data-bbox="320 987 624 1028">0 – 4 years</td> <td data-bbox="624 987 756 1028">4%</td> </tr> <tr> <td data-bbox="320 1028 624 1068">5 - 9</td> <td data-bbox="624 1028 756 1068">4%</td> </tr> <tr> <td data-bbox="320 1068 624 1108">10 - 15</td> <td data-bbox="624 1068 756 1108">5%</td> </tr> <tr> <td data-bbox="320 1108 624 1149">16 – 24 years</td> <td data-bbox="624 1108 756 1149">13.9%</td> </tr> <tr> <td data-bbox="320 1149 624 1189">25 – 34 years</td> <td data-bbox="624 1149 756 1189">21.6%</td> </tr> <tr> <td data-bbox="320 1189 624 1229">35 – 64 years</td> <td data-bbox="624 1189 756 1229">37.4%</td> </tr> <tr> <td data-bbox="320 1229 624 1267">65+ years</td> <td data-bbox="624 1229 756 1267">12%</td> </tr> </tbody> </table> <p>Our JSNA borough story tells us that Westminster is home to 205,100 residents:</p> <ul style="list-style-type: none"> • 0-15 years: 26,700 • 16-64 years: 153,400 • 65+ years: 25,000 | Westminster | | 0 – 4 years | 4% | 5 - 9 | 4% | 10 - 15 | 5% | 16 – 24 years | 13.9% | 25 – 34 years | 21.6% | 35 – 64 years | 37.4% | 65+ years | 12% | Positive |
| Westminster | | | | | | | | | | | | | | | | | | |
| 0 – 4 years | 4% | | | | | | | | | | | | | | | | | |
| 5 - 9 | 4% | | | | | | | | | | | | | | | | | |
| 10 - 15 | 5% | | | | | | | | | | | | | | | | | |
| 16 – 24 years | 13.9% | | | | | | | | | | | | | | | | | |
| 25 – 34 years | 21.6% | | | | | | | | | | | | | | | | | |
| 35 – 64 years | 37.4% | | | | | | | | | | | | | | | | | |
| 65+ years | 12% | | | | | | | | | | | | | | | | | |
| Disability | <p>2021 census: 18% of residents in the borough said they had a long-term condition or disability that limited their life in some way. With the highest proportions in Church Street (21%), Westbourne (19%), and Queen’s Park (18%), these rates are three times higher than our most affluent wards. It is important to bear in mind these same wards are the most likely to have unpaid carers (8-10% of residents). These same wards have a life expectancy of 76 years, 18 years less than the most affluent wards.</p> | Positive | | | | | | | | | | | | | | | | |
| Gender reassignment | <p>Gender identity refers to a person’s sense of their own gender, whether male, female or another category such as non-binary.</p> | Neutral | | | | | | | | | | | | | | | | |

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| | <p>In Westminster 0.75% (1,329) of people do not identify with the same sex as their registered birth. This is lower than the London figure of 0.91% but higher than the England figure of 0.55%. In Westminster this was 9% which should be kept in mind when considering these results because the trans population may actually be higher than reported.</p> <p>The service is contracted to comply with the Equality Act 2010 and takes seriously its responsibility to everyone it works with and employs. The service provider is aware and responsive to the accessibility and needs of any individual or family accessing this service.</p> <p>The service will ensure the staff are trained in appropriate and sensitive language and approaches to working with every individual to support their inclusion and engagement in the service.</p> | |
| Marriage and Civil Partnership | <p>54.4% of Westminster Adults have never been married, a 3% increase since the last census, despite this figure now including same-sex marriages.</p> <p>The service is contracted to comply with the Equality Act 2010 and takes seriously its responsibility to everyone it works with and employs. The service provider is aware and responsive to the accessibility and needs of any individual or family accessing this service.</p> <p>The service support families of any constitution or size.</p> <p>The service identifies young people at increased risk of forced marriage and provides them with advice/support or refer them on to other specialist support.</p> | Neutral |
| Pregnancy and maternity | <p>General trends in census data show less births on average in Westminster over the past decade.</p> <p>Through both the relationships and sex education programme offer and the one-to-one sessions available for young people, the service identifies young people at increased risk of pregnancy and provides them with advice/support or refer them on to other specialist support.</p> | Positive |
| Race | <p>In 2021, 28% of the population were 'White:British', and 25% was 'White:European or Other'. The next largest ethnic groups identified as 'Indian and Bangladeshi' (17%), 'Arab' (8%), and 'Black' (8%) and 7% of residents identifying with more than one ethnicity. When considering ethnicity and data it is important to note there can be major disparities within census groupings. For instance, Indian and Bangladeshi communities have great variance between them in outcomes but often are considered as one grouping in data.</p> | Neutral |

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| | <p>When considering ethnicity it is important to consider that 20% of Westminster households do not have an adult or child who uses English as their primary language. Besides English the most spoken languages are Arabic, French, Spanish, Italian and Portuguese.</p> <p>The service is a universal service and delivered to all school age children no matter what their race.</p> <p>The School Health Service will seek to use appropriate language and translation services when working with families, with culturally appropriate materials used for health promotion sessions.</p> <p>The Service will employ best practice in diversity and inclusion recruitment policy and practice, to ensure that staff reflect the local population.</p> | |
| Religion/belief | <p>Westminster is generally more Religious (73%) compared to London (63%) and England (53%). The most common religions are Christianity (37%) and Islam (20%).</p> <p>The relationships and sex education programme is delivered sensitively to diverse religions/beliefs/non beliefs.</p> <p>The service understands and respect other's faith and culture, and will take into consideration cultural factors including religious celebrations and will convey culturally sensitive messages.</p> | Neutral |
| Sex | <p>GLA estimates report that 53% of the Westminster population are male, with 47% female.</p> <p>The incorporation of a consistent sex and relationships education service in the School Health Service give children and young people an additional opportunity to discuss equality in relationships. All staff relay the importance of promoting gender equality.</p> | Positive |
| Sexual Orientation | <p>2021 census information on sexual orientation is only captured for people aged 16 and above. Approximately 5% of Westminster residents identify as LGBT+, slightly higher than the London average, and almost double the national average with the West End and Soho having the highest proportion (11%). It is important to note 9% of residents do not respond to this question, thus, numbers are under-reported.</p> <p>The service delivers the relationships and sex education programme to young people and as part of their key competences the staff understand what is appropriate communication with young people regarding sex and relationships (what is age appropriate, needs-led communication, boundaries, issues of personal disclosure and non-judgmental discussion of same sex relationships).</p> | Positive |

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| <p>In addition to the nine protected characteristics, where relevant we ask that you also think about the socio-economic and geographical considerations of our residents. Some data has been included below for your reference.</p> | | |
| <p>Socio-economic and Geographical</p> | <p>Westminster has the highest economic disparity in the country The unemployment rate is 4%, same as the London figure, but higher than that of England at 2.9%. The LSOA with the highest unemployment rate is in the Westbourne ward, in this LSOA the unemployment rate is 10%, more than twice the Westminster average.</p> <p>Church Street is the London ward with the highest amount of deprivation (73.4%, meanwhile Knightsbridge & Belgravia has the lowest (28.9%). Additionally, in Westminster’s most deprived wards, over 50% of children live below the UK poverty line.</p> <p>We know the economic capacity is the greatest determinant of health, thus a critical component to addressing inequality in the borough.</p> <p>Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment. These wider determinants of health are linked to health inequalities – fundamental to the public health practice is the reduction of health inequalities and the promotion of health and wellbeing.</p> <p>Overall, Westminster has the highest life expectancy for males in the country, and the third highest for women. The average man lives to 85 years and the average woman to 87 years. This average disguises the variation in how long and how well residents across the borough live.</p> <p>Westminster has the highest life expectancy gap in the country for males. The gap for females sees us in line with the national average, but is the third highest in London. In Knightsbridge and Belgravia ward a man is expected to live 18 years longer than a man in Westbourne ward. A woman is expected to live 9 years longer in Knightsbridge and Belgravia than in Westbourne.</p> <p>Qualified School Nurses, as Specialist Community Public Health Nurses (SCPHN) are trained in public health practice and work to promote health and wellbeing and reduce health inequalities in the school population.</p> <p>Our Borough Story describes the population health and wellbeing needs of residents in Westminster, as well as the health inequalities experienced by different population groups encompassing those with protected characteristics.</p> | <p>Positive</p> |

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| Other Groups | Please consider groups that may be affected by your work, such as Migrants, English as Second Language Speakers, Carers and Members of the Armed Forces etc. | |
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SECTION 4: Action Plan

Have you identified the need to reduce or remove any negative impacts, conduct work with those from protected groups to participate where their participation is disproportionately low, or fill any data gaps? If so, complete the Action Plan below to show the work that is planned.

| Issue identified | Planned Action | Lead Officer and Timeframe |
|------------------|----------------|----------------------------|
| None identified | | |
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SECTION 5: Sign-off

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| Director/ Head of Service Name | |
| Contact Email | |
| Date of sign off | |
| <p>Review It is important to consider equalities issues at every stage of the process. Remember an EqIA is a live document which means it must be regularly reviewed and updated considering new evidence or information, for example, have you now completed your consultation or has there been news on funding. Please ask your Director or Head of Service to sign-off at every review stage. You can have as many reviews as are appropriate for your work.</p> | |
| Date of 1 st Review | |
| Name of Reviewer | |
| Director signature | |
| Date of 2 nd Review | |
| Name of Reviewer | |
| Director signature | |
| Date of 3 rd Review | |
| Name of Reviewer | |
| Director signature | |